2700 INTERNAL TRANSFER REQUEST FOR S.N. 9/812,812

DATE: 8·12	FROM: Inst _____ (print name)

FORWARD TO:
A. Art Unit: 2131
B. Class: 380
C Subclass: _____

REASON(S):
A. You had Parent (check box)
B. See Title (check box)
C. See Abstract (check box) X
D. See Claim(s):

FURTHER EXPLANATION IF NEEDED:

Wireless / Biometric Authentication – No Cell Network

DATE: _____	FROM: _____ (print name)

FORWARD TO:
A. Art Unit: _____
B. Class: _____
C Subclass: _____

REASON(S):
A. You had Parent (check box)
B. See Title (check box)
C. See Abstract (check box)
D. See Claim(s):

FURTHER EXPLANATION IF NEEDED:

DATE: _____	FROM: _____ (print name)

FORWARD TO CLASSIFIER

REASON(S):
A. You had Parent (check box)
B. See Title (check box)
C. See Abstract (check box)
D. See Claim(s):

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____

FORWARD TO:
A. Art Unit: _____
B. Class: _____
C Subclass: _____

REASON(S):
A. You had Parent (check box)
B. See Title (check box)
C. See Abstract (check box)
D. See Claim(s):

FURTHER EXPLANATION IF NEEDED: